

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number <del>P-17-144</del> 10619456	
<b>CLAIMS AS FILED - PART I</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
(Column 1)	(Column 2)				RATE	FEE
FOR	NUMBER FILED	NUMBER EXTRA				
BASIC FEE (37 CFR 1.16(a))					\$ _____	OR
TOTAL CLAIMS (37 CFR 1.16(c))	14	minus 20 =	*		x \$ _____ =	OR
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 =	*		x _____ =	OR
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ _____ =	OR
					TOTAL	OR TOTAL
* If the difference in column 1 is less than zero, enter "0" in column 2						
<b>CLAIMS AS AMENDED - PART II</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
(Column 1)	(Column 2)	(Column 3)			RATE	ADDITIONAL FEE
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(e))	* 9	Minus	** 20	=	x \$ _____ =	OR
Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	=	x _____ =	OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR
					TOTAL	OR TOTAL
(Column 1)	(Column 2)	(Column 3)			RATE	ADDITIONAL FEE
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(e))	*	Minus	**	=	x \$ _____ =	OR
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR
					TOTAL	OR TOTAL
(Column 1)	(Column 2)	(Column 3)			RATE	ADDITIONAL FEE
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(e))	*	Minus	**	=	x \$ _____ =	OR
Independent (37 CFR 1.16(b))	*	Minus	***	=	x _____ =	OR
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ _____ =	OR
					TOTAL	OR TOTAL

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.